

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9	1					
10						
11						
12	1	2				
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45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	11					
Total Claims	14					